Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

500 Pe.	arl Street, New York, N.Y. 10007	/-1213	
	Date:		
	In Re:		
		-V-	
	Case #:	()
Dear Litigant,			
Enclosed is a copy of the jud	gment entered in your case.		
Your attention is directed to R that if you wish to appeal the judgment date of entry of the judgment (60 day party).		otice of appeal w	ithin 30 days of the
If you wish to appeal the judgwithin the required time, you may ma of Fed. R. App. P. 4(a)(5). That rule failure to file your notice of appeal wi other parties and then filed with the Pr. (90 days if the United States or an off	requires you to show "excusabl thin the time allowed. Any such o Se Office no later than 60 days f	ime in accordance le neglect" or "go motion must first from the date of en	with the provision od cause" for your be served upon the
The enclosed Forms 1, 2 and them if appropriate to your circumsta	3 cover some common situation nces.	s, and you may cl	noose to use one of
The Filing fee for a notice of the "Clerk of the Court, USDC, SDN accepted.	appeal is \$5.00 and the appellate Y" by certified check, money ord	_	
	J. Michael N	McMahon, Clerk	of Court
	by:		_
		, Dep	uty Clerk

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

		X			
-V-			NOTICE	OF APPEAL	
		 X	civ.	()	
Notice is hereby given			(party)		
hereby appeals to the United St	ates Court of Ap	opeals for the S	second Circuit	from the Judgment	[describe it]
entered in this action on the	da	y of		,	
	(day)	(n	nonth)	(year)	
			2)	signature)	
		_	(A	Address)	
			(City, State	and Zip Code)	
Date:		()(Telen	- hone Number)	

<u>Note</u>: You may use this form to take an appeal provided that it is <u>received</u> by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

APPEAL FORMS

Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213

	ζ		
-V-	MOTION FOR EXTENSION OF TIME TO FILE A NOTICE OF APPEAL		
	civ. ()		
Pursuant to Fed. R. App. P. 4(a)(5),	respectfully (party)		
requests leave to file the within notice of appeal of	ut of time.		
desires to appeal the judgment in this action enter notice of appeal within the required number of day	(day)		
[Explain here the "excusable neglect" or "good cause" required number of days.]	which led to your failure to file a notice of appeal within the		
	(Signature)		
	(Address)		
	(City, State and Zip Code)		
Date:	() (Telephone Number)		

<u>Note</u>: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be <u>received</u> in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

FORM 2

Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

X		
-V-	NOTICE OF APPEAL AND MOTION FOR EXTENSION OF TIME	
X	civ. ()	
1. Notice is hereby given that	hereby appeals to (party)	
	Circuit from the judgment entered on on of the judgment]	
	in the Clerk's office within the required time lly requests the court to grant an extension of time in	
	states that and that this form was mailed to the te)	
court on (date)	(Signature)	
	(Address)	
Date:	(City, State and Zip Code)	
Date	() (Telephone Number)	

<u>Note</u>: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will <u>receive</u> it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 3

Office of the Clerk U.S. Courthouse 500 Pearl Street, New York, N.Y. 10007-1213

	X
-V-	AFFIRMATION OF SERVICE
I,	
served a copy of the attached	
upon	
whose address is:	
Data	
Date:New York, New York	
	(Signature)
	(Address)
	(City, State and Zip Code)

FORM 4